

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Housing Authority of Osage County</u> PHA Code: <u>OK123</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04-01-2010</u>												
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>282</u> Number of HCV units: _____												
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </table>	PH	HCV	PHA 1:		PHA 2:		PHA 3:	
PH	HCV												
PHA 1:													
PHA 2:													
PHA 3:													
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.												
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <u>The mission of the Housing Authority of Osage County is to assist low-income families with safe, decent and affordable housing opportunities as they strive to achieve self-sufficiency and improve the quality of their lives. The Housing Authority is committed to operation in an efficient, ethical and professional manner. The Housing Authority of Osage County will create and maintain partnership with its clients and appropriate community agencies in order to accomplish this mission.</u>												
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <u>Reduce public housing vacancies: Increase customer satisfaction:</u> <u>Other: 1) Continue to improve housing with the Capital Fund Program</u> <u>2) Implement safety training for residents and employees on use of the Safe Room in the event of threatening weather. HAOC has adopting a Safety Manual and having approved by County Commissioners.</u> <u>3) Working with the Literacy Counsel in helping with adult training in education.</u> <u>Currently working in tandem with Help Works Homes, Inc. in their efforts to provide group homes for developmentally disabled citizens which are located at Cedar Ridge in Pawhuska, Ok.</u> <u>Contracting maintenance for the program.</u>												

6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: There has been no revised since last submission.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Copies are located at Office 200 Atlantic Field Road, Pawhuska, Ok. 74056 and Osage County Court House</p> <ol style="list-style-type: none"> <li>1. Eligibility, Selection &amp; Admission Policies, including Deconcentration &amp; Waitlist Procedures: are maintain at the PHA Office.</li> <li>2. Financial Resources; All documents are located at the PHA Office</li> <li>3. Rent Determination: All documents are located at the PHA Office</li> <li>4. Operation &amp; Management: All documents are located at the PHA Office</li> <li>5. Grievance Procedures: All documents are located at the PHA Office</li> <li>6. Designated Housing for Elderly and Disabled Families: All documents are located at the PHA Office</li> <li>7. Community Service &amp; Self Sufficiency; All documents are located at the PHA Office</li> <li>8. Safety &amp; Crime Prevention: All documents are located at the PHA Office</li> <li>9. Pet Policy; All documents are located at the PHA Office</li> <li>10. Demolition &amp;/or Disposition Policy; All documents are located at the PHA Office</li> <li>11. Fiscal Year Audit; All documents are located at the PHA Office and Court House</li> <li>12. Asset Management Policy; All documents are located at the PHA Office</li> <li>13. Violence Against Women Act(VAWS); All documents are located at the PHA Office</li> </ol>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. N/A</b></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. We have replaced bathroom vanities in OK123-1, OK123-3 OK123-5 replace shingles roof with metal in all housing projects. We have stayed with in our goals and exceeded them.</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Any discretionary changes in the Mission Statement that would modify the goals, objectives or plans of the agency such as 50% deletion from or addition to the goal and objectives. A major change in policy not included in the Annual Plan as a new housing project. A variance of 50% in the funds projected in the Capital Fund Annual statement. A change in policy or procedure that requires a regulatory 30 day posting.</p>

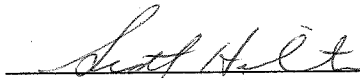
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>
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Osage County Commissioner Certification of Approval  
Of the Housing Authority of Osage County  
Public Housing Annual Plan for  
Fiscal Year 2010

I, Scott Hilton the Chairman of the Board of

Osage County Commissioner Certify that the 5-Year Plan and Annual PHA Plan of the  
Housing Authority of Osage County for Fiscal Year 2010 was reviewed and approved by

The County Commissioners of Osage County.

  
Signed/Dated by the Appropriated Official

**Certification by State or Local Official of PHA Plans Consistency with  
the Consolidated Plan**

I, Rich Brierre, the ~~Deputy~~ Director certify  
that the Five Year and Annual PHA Plan of the Housing Authority of Osage County is  
consistent with the Consolidated Plan of Tulsa County Home Consortium, (INCOG) prepared  
pursuant to 24 CFR Part 91.

Rich Brierre

Signed / Dated by Appropriate State or Local Official

RESOLUTION #601  
APPROVAL OF FIVE YEAR PLAN FOR  
THE HOUSING AUTHORITY OF OSAGE COUNTY,  
2010 through 2014

WHEREAS, CONGRESS PASSED THE QUALITY HOUSING AND WORK RESPONSIBILITY ACT OF 1998 TO AMEND THE HOUSING ACT OF 1937,

BE IT RESOLVED, by the Board of Commissioners of the Housing Authority of Osage County to adopt a FIVE YEAR PLAN for the HOUSING AUTHORITY OF OSAGE COUNTY bringing this authority into compliance with the quality housing and work responsibility act of 1998 and Related Regulations of the HUD requirements. Included but not limited to the above stated FIVE YEAR PLAN is the following:

- Certification for a Drug-Free Workplace
- Certification of Payments to Influence Federal Transactions
- Disclosure of Lobbying Activities

That the motion to adopt said Resolution was made by

Commissioner Brooks

And seconded by Commissioner Harrison.

Upon roll call the following voted:

AYE: Burnett, Brooks, Harrison

NAY: None

ABSENT: Silberman

THEREFORE, be it resolved by the Housing Authority of Osage County that this Resolution be adopted.

Thelma Holt  
Thelma Holt Secretary  
Executive Director

Lafe Burnett  
Lafe Burnett Chairperson

DATED: 12/21/09  
(Attest)

**PHA Certifications of Compliance  
with PHA Plans and Related  
Regulations**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ☒ 5-Year and/or ☒ Annual PHA Plan for the PHA fiscal year beginning FY2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

HOUSING AUTHORITY OF OSAGE COUNTY

OK123

PHA Name

PHA Number/HA Code

#601 5-Year PHA Plan for Fiscal Years 20<sup>11</sup> - 20<sup>14</sup>

#601 Annual PHA Plan for Fiscal Years 20<sup>10</sup> - 20<sup>10</sup>

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

LAFE BURNETT

Title

Housing Authority of Osage County, Board Chairman

Signature

*Lafe Burnett*

Date

12-21-2009



# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

HOUSING AUTHORITY OF OSAGE COUNTY

Program/Activity Receiving Federal Grant Funding

2010 CAPITAL FUND GRANT

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

**2. Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Thelma Holt

Title

Executive Director

Signature

X

Date

12/21/2010

# Certification of Payments to Influence Federal Transactions

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

Applicant Name

HOUSING AUTHORITY OF OSAGE COUNTY

Program/Activity Receiving Federal Grant Funding

2010 CAPITAL FUND GRANT

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Thelma Holt

Title

EXECUTIVE DIRECTOR

Signature

X Thelma Holt

Date

12/21/2010

# DISCLOSURE OF LOBBYING ACTIVITIES

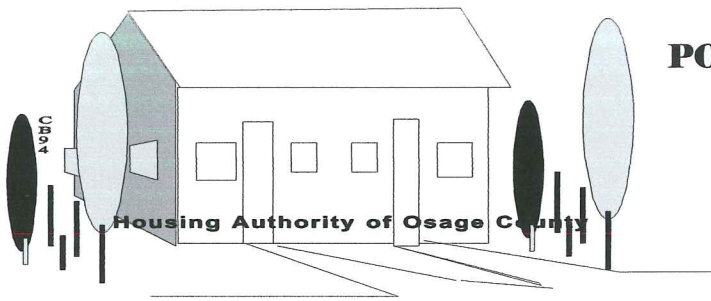
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> B a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> A a. bid/offer/application b. initial award c. post-award		<b>3. Report Type:</b> <input type="checkbox"/> A a. initial filing b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known:			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:		
<b>6. Federal Department/Agency:</b>			<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: <u>Thelma Holt</u> Print Name: <u>Thelma Holt</u> Title: <u>Executive Director</u> Telephone No.: <u>918/287/2270</u> Date: <u>12/21/2010</u>		
<b>Federal Use Only:</b>					Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)



**PO Box 818, Pawhuska, Oklahoma 74056**

**918-287-2270 918-287-2278**

**Fax 918-287-2224**

**TTY 918-287-2278**

**Website [www.haosagecounty.org](http://www.haosagecounty.org)**

## **PUBLIC NOTICE**

The Housing Authority of Osage County has developed its 2005 Agency Plan in compliance with the Quality Housing and Work Responsibility Act of 1998. This Agency Plan is available for review at the Housing Authority Office located at 200 Atlantic Field Road in Pawhuska, Oklahoma. The Authority's hours of operation are 8:00 to 2:00 Monday through Friday.

In addition, a Public Hearing will be held on November 9<sup>th</sup> at 4:00 at the Authority Offices located at 200 Atlantic Field Road in the Community Center at Cedar Ridge in Pawhuska. All residents and interested parties are encouraged to review the plan and attend this public hearing and make such comment as they wish.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

Part I: Summary

PHA Name: <b>HOUSING AUTHORITY OF OSAGE</b> COUNTY	Grant Type and Number Capital Fund Program Grant No. OK56P123501-10 Date of CFFP: _____	Replacement Housing Factor Grant No: _____	FFY of Grant: 2010 FFY of Grant Approval: _____
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Summary by Development Account	Original	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	
				Revised <sup>2</sup>	Final Performance and Evaluation Report		Expended	
1		Total non-CFP Funds						
2		1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	40,000					
3		1408 Management Improvements						
4		1410 Administration (may not exceed 10% of line 21)	500					
5		1411 Audit						
6		1415 Liquidated Damages						
7		1430 Fees and Costs	28,008					
8		1440 Site Acquisition						
9		1450 Site Improvement						
10		1460 Dwelling Structures						
11		1465.1 Dwelling Equipment—Nonexpendable						
12		1470 Non-dwelling Structures	339,095					
13		1475 Non-dwelling Equipment						
14		1485 Demolition						
15		1492 Moving to Work Demonstration						
16		1495.1 Relocation Costs						
17		1499 Development Activities <sup>4</sup>						
18a		1501 Collateralization or Debt Service paid by the PHA						
18b		9000 Collateralization or Debt Service paid Via System of Direct Payment						
19		1502 Contingency (may not exceed 8% of line 20)						
20		Amount of Annual Grant: (sum of lines 2 – 19)	407,603					
21		Amount of line 20 Related to LBP Activities						
22		Amount of line 20 Related to Section 504 Activities						
23		Amount of line 20 Related to Security – Soft Costs						
24		Amount of line 20 Related to Security – Hard Costs						
25		Amount of line 20 Related to Energy Conservation Measures						

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2011

<b>Part I: Summary</b>			
PHA Name: <b>HOUSING AUTHORITY OF OSAGE COUNTY</b>		Grant Type and Number Capital Fund Program Grant No. OK56P123501-10 Date of CFFP: _____	
		Replacement Housing Factor Grant No: _____	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost
			Revised <sup>1</sup>
Signature of Executive Director Thelma Holt		Date 12/21/09	Signature of Public Housing Director
		Obligated	Total Actual Cost <sup>1</sup>
			Expended
		Date	

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

PHA Name: HOUSING AUTHORITY OF OSAGE COUNTY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FFY of Grant:
	OK56P123501-10 CFFP (Yes/No):	2010

[illegible]

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

PHA Name: HOUSING AUTHORITY OF OSAGE COUNTY	Grant Type and Number Capital Fund Program Grant No: OK56P123501-10 Replacement Housing Factor Grant No:	CFFP (Yes/No):	Federal FFY of Grant:
			2010

[illegible]

<sup>2</sup>To be completed for the Performance and Evaluation Report.



U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

PHA Name:  
HOUSING AUTHORITY OF OSAGE COUNTY

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

# Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011

## Part I: Summary

PHA Name/Number HOUSING AUTHORITY OF OSAGE COUNTY, OK123		Locality (City/County & State) PAWHUSKA, OSAGE, OKLAHOMA		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
A.	Development Number and Name	Work Statement for Year 1 FFY __10__	Work Statement for Year 2 FFY __2011__	Work Statement for Year 3 FFY __2012__	Work Statement for Year 4 FFY __2013__	Work Statement for Year 5 FFY __2014__
B.	Physical Improvements Subtotal	Annual Statement	283,540	241,900	274,850	143,895
C.	Management Improvements		0	0	0	0
D.	PHA-Wide Non-dwelling Structures and Equipment		25,000	25,000	25,000	25,000
E.	Administration		0	0	0	0
F.	Other 1430		30,000	30,000	30,000	30,000
G.	Operations		15,000	15,000	10,000	40,000
H.	Demolition		0	0	0	0
I.	Development		0	0	0	0
J.	Capital Fund Financing – Debt Service		0	0	0	0
K.	Total CFP Funds		353,540	311,900	339,850	238,895
L.	Total Non-CFP Funds					
M.	Grand Total					

# Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011

## Part I: Summary (Continuation)

PHA Name/Number HOSUING AUTHORITY OF OSAGE COUNTY, OK123		Locality (City/county & State) PAWHUSKA, OSAGE, OKLAHOMA		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A. Development Number and Name	Work Statement for Year 1 FFY __2010__	Work Statement for Year 2 FFY __2011__	Work Statement for Year 3 FFY __2012__	Work Statement for Year 4 FFY __2013__	Work Statement for Year 5 FFY __2014__
PHA Wide	Annual Statement	70,000	70,000	65,000	95,000
OK123-1 Cedar Ridge		21,600	72,000	6,000	45,000
OK123-2 DT Pawhuska		15,750	6,250	85,000	18,000
OK123-3 Osage		8,520	5,100	0	4,050
OK123-3 Barnsdall		51,200	2,500	0	2,400
OK123-4 Shidler		0	7,250	0	4,495
OK123-5 Fairfax		13,400	18,000	0	28,500
OK123-5 Hominy		131,490	34,800	105,850	35,150
OK123-6 Cedar Ridge		32,400	36,000	15,000	0
OK123-6 Lynn		2,520	15,400	7,000	0
OK123-6 Barnsdall		900	6,000	40,000	1,500
OK123-6 Hominy		5,760	38,600	16,000	4,800
		353,540	311,900	339,850	238,895

# Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011

## Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY ____ 2010		Work Statement for Year 2 FFY 2011		Work Statement for Year: ____ 3 FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
Sec	OK123-1 CEDAR RIDGE	60 CEILING LIGHT WITH FAN \$180 <i>B-3 1460</i>	10,800	OK123-1 CEDAR RIDGE	Entry doors w/ frame 60 <i>B-3 1460</i>	36,000
Annual		60 VENT-A-HOOD \$180 <i>B-3 1460</i>	10,800		Storage Doors 60 \$250 <i>C-3 1450</i>	15,000
Statement	OK123-2 DT PAWHUSKA	25 PORCH POST \$450 <i>C-3 1450</i>	11,250		Storm Door ftr/bk 60 <i>B-3 1460</i>	21,000
		25 VENT-A-HOOD \$180 <i>B-3 1460</i>	4,500	OK123-2 DT PAWHUSKA	Storage Doors 25 \$250 <i>C-3 1450</i>	6,250
	OK123-3 BARNSDALL	16 CEILING LIGHT WITH FAN \$180 <i>B-3 1460</i>	2,880	OK123-3 OSAGE	Entry doors w/ frame 3 <i>B-3 1460</i>	1,800
		16 CLEAN AIR DUCT \$90 <i>B-3 1460</i>	1,440		Remove entry doors 2 enclose wall <i>B-3 1460</i>	1,800
		16 PORCH POST \$450 <i>C-3 1450</i>	7,200		Remove living room wall 86 & 91 <i>B-3 1460</i>	1,500
		16 BUILD STORAGE UNITS \$2,300 <i>C-3 1470</i>	36,800	OK123-3 BARNSDALL	Storage Doors 10 \$250 <i>C-3 1450</i>	2,500
		16 VENT-A-HOOD \$180 <i>B-3 1460</i>	2,880	Ok123-4 SHIDLER	Storage Doors 29 \$250 <i>C-3 1450</i>	7,250
	OK123-3 OSAGE	3 PORCH POST \$450 <i>C-3 1450</i>	1,350	OK123-5 HOMINY	Entry doors w/ frame 29 <i>B-3 1460</i>	17,400
		3 BUILD STORAGE UNITS \$2,300	6,900		Storage Doors 29 \$250 <i>C-3 1450</i>	7,250
		16 CLEAN AIR DUCT \$90 <i>B-3 1460</i>	270		Storm Door ftr/bk 29 <i>B-3 1460</i>	10,150
	Subtotal of Estimated Cost		\$ 97,070	Subtotal of Estimated Cost		127,900

# Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011

## Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____ 2 _____ FFY 2011		Work Statement for Year: _____ 3 _____ FFY 2012			
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	OK123-5 HOMINY	29 CEILING LIGHT WITH FAN \$180 B-3 1460	5,220	OK123-5 FAIRFAX	Storage Doors 30 \$250 C-3 1450	7,500
Amount		PARKING LOT BLACKWOOD CR. C-1 1450	108,000		Storm Door ft/bk 30 B-3 1460	10,500
Statement		29 PORCH POST \$450 C-3 1450	13,050	OK123-6 CERDER RIDGE	Entry doors w/ frame 30 B-3 1460	18,000
		29 VENT-A-HOOD \$180 B-3 1460	5,220		Storm Door ft/bk 30 B-3 1460	10,500
	OK123-5 FAIRFAX	PARKING LOT 156-158 C-1 1450	8,000		Storage Doors 30 C-3 1450	7,500
		30 VENT-A-HOOD \$180 B-3 1460	5,400	OK123-6 HOMINY	Entry doors w/ frame 32 B-3 1460	19,200
			0		Storage Doors 32 C-3 1450	8,200
	OK123-6 CERDER RIDGE	60 PORCH POST \$450 C-3 1450	27,000		Storm Door ft/bk 32 B-3 1460	11,200
		60 VENT-A-HOOD \$180 B-3 1460	5,400	OK123-6 BARNSDALL	Storage Doors 10 C-3 1450	2,500
	OK123-6 HOMINY	32 VENT-A-HOOD \$180 B-3 1460	5,760		Storm Door ft/bk 10 B-3 1460	3,500
	OK123-6 BARNSDALL	10 CLEAN AIR DUCT \$90 B-3 1460	900	OK123-6 LYNN	Entry doors w/ frame 14 B-3 1460	8,400
			0		Storage Doors 14 C-3 1450	3,500
	OK123-6 LYNN	14 VENT-A-HOOD \$180 B-3 1460	2,520		Storm Door ft/bk 14 B-3 1460	3,500
			0			0
	Subtotal of Estimated Cost		\$ 186,470	Subtotal of Estimated Cost		\$114,000

# Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011

## Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year: 3 _____ FFY 2013			Work Statement for Year: 4 _____ FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See _____	OK123-1 CEDAR RIDGE	60 Linen Closet Shelving \$100 B-3 1460	6,000	OK123-1 CEDAR RIDGE	Medicine Cabinet 60 \$150 B-3 1460	9,000
Amount			0		Cabinet over w/Dryer 60 \$600 B-3 1460	36,000
Statement			0			0
	OK123-2 DT PAWHUSKA	Kitchen cabinets 25 \$3,000 B-3 1460	75,000	OK123-2 DT PAWHUSKA	Power Lit unit B-3 1460	18,000
		Kitchen counter top 25 \$400 B-3 1460	10,000	OK123-3 BARNSDALL	Medicine Cabinet 16 \$150 B-3 1460	2,400
	OK123-3 BARNSDALL		0	OK123-3 OSAGE	Move Dryer Access 86-91 (3) \$600 B-3 1460	1,800
			0		Sewer Clean out 86-91 (3) \$400 C-1 1470	1,200
	OK123-3 OSAGE		0		Refrigerators 3 \$350 B-3 1465	1,050
	OK123-4 SHIDLER		0	OK123-4 SHIDLER	AC Concrete Pads 29 \$155 C-1 1450	4,495
			0			0
			0			0
	OK123-5 HOMINY	Kitchen cabinets 29 \$3,000 B-3 1460	87,000	OK123-5 HOMINY	Medicine Cabinet 29 \$150 B-3 1460	4,350
		Kitchen counter top 29 \$400 B-3 1460	11,600		Bi-fold Doors 29 \$250 B-3 1460	7,250
		Linen Drawers replace w/shelving 29 \$250 B-3 1460	7,250		Refrigerators 29 \$350 B-3 1465	10,500
			0		Range 29 \$450 B-3 1465	13,050
	Subtotal of Estimated Cost		\$196,850	Subtotal of Estimated Cost		\$109,095

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011**

Part II: Supporting Pages – Physical Needs Work Statement(s)					
Work Statement for Year 1 FFY _____	Work Statement for Year ____ 3 _____ FFY 2013		Work Statement for Year: ____ 4 _____ FFY 2014		
Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See FAIRFAX			OK123-5 FAIRFAX	Medicine Cabinet 30 \$150 B-3 1460	4,500
Amount				Refrigerators 29 \$350 B-3 1465	10,500
Statement	OK123-6 CERDER RIDGE	30 Kitchen Corner Cabinet/broom closet \$500 B-3 1460		Range 30 \$450 B-3 1465	13,500
		0			0
	OK123-6 HOMINY	32 Kitchen Corner Cabinet/broom closet \$500 B-3 1460	OK123-6 CERDER RIDGE		0
	OK123-6 BARNSDALL	Kitchen cabinets 10 \$3,000 B-3 1460	OK123-6 HOMINY	Medicine Cabinet 32 \$150 B-3 1460	4,800
		Kitchen counter top 10 \$400 B-3 1460			0
		14 Kitchen Corner Cabinet/broom closet \$500 B-3 1460	OK123-6 BARNSDALL	Medicine Cabinet 10 \$150 B-3 1460	1,500
		10 Linen Closet Shelving \$100 B-3 1460			0
	OK123-6 LYNN	14 Kitchen Corner Cabinet/broom closet \$500 B-3 1460	OK123-6 LYNN		0
					0
					0
					0
	Subtotal of Estimated Cost		Subtotal of Estimated Cost		\$34,800
		\$78,000			



U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**Expires 4/30/2001**

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form HUD-50075.2 (4/2008)

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011**

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>					
<b>Work Statement for Year 1 FFY</b>	<b>Development Number/Name General Description of Major Work Categories</b>	<b>Estimated Cost</b>	<b>Work Statement for Year:</b> <b>5</b>	<b>Development Number/Name General Description of Major Work Categories</b>	<b>Estimated Cost</b>
			<b>FFY 2013</b>		
<b>See Appendix A-8 1430</b>	Truck w/tool boxes/tommy lifts B-3 1475	25,000		Truck w/tool boxes/tommy lifts B-3 1475	25,000
<b>A&amp;E FEES 4-3 1406</b>		30,000		A&E FEES 4-8 1430	30,000
	OPERATION 4-3 1406	10,000		OPERATION 4-3 1406	40,000
	<b>Subtotal of Estimated Cost</b>	\$65,000		<b>Subtotal of Estimated Cost</b>	\$95,000

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>PHA Name:</b> Housing Authority of Osage County		<b>Grant Type and Number</b> Capital Fund Program Grant No: OK56P123501-9 Date of CFFP: _____		<b>Replacement Housing Factor Grant No:</b> _____		<b>FY of Grant:</b> 2009 <b>FY of Grant Approval:</b> _____	
<div style="display: flex; justify-content: space-between;"> <div> <b>Type of Grant</b>  <input type="checkbox"/> Original Annual Statement  <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:         </div> <div> <input type="checkbox"/> Reserve for Disasters/Emergencies  <input type="checkbox"/> Revised Annual Statement (revision no: )  <input type="checkbox"/> Final Performance and Evaluation Report         </div> </div>									
Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended		
1	Total non-CFP Funds								
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	81,520.14	81,520.14		4173				
3	1408 Management Improvements	0	0						
4	1410 Administration (may not exceed 10% of line 21)	0	300		300				
5	1411 Audit	0	0						
6	1415 Liquidated Damages	0							
7	1430 Fees and Costs	20,000	20,000		20,000		0		
8	1440 Site Acquisition	0							
9	1450 Site Improvement	0							
10	1460 Dwelling Structures	294,529.86	294,529.86		294,529.86		0		
11	1465.1 Dwelling Equipment—Nonexpendable	0							
12	1470 Non-dwelling Structures	0							
13	1475 Non-dwelling Equipment	5,000	5,000						
14	1485 Demolition								
15	1492 Moving to Work Demonstration								
16	1495.1 Relocation Costs								
17	1499 Development Activities <sup>4</sup>								
18a	1501 Collateralization or Debt Service paid by the PHA								
18ba	9000 Collateralization of Debt Service paid Via System of Direct Payment								
19	1502 Contingency (may not exceed 8% of line 20)	6,553	6,253						
20	Amount of Annual Grant: (sum of lines 2 – 19)	407,603	407,603		319,002.86				
21	Amount of line 20 Related to LBP Activities								
22	Amount of line 20 Related to Section 504 Activities								
23	Amount of line 20 Related to Security – Soft Costs								
24	Amount of line 20 Related to Security – Hard Costs								
25	Amount of line 20 Related to Energy Conservation Measures								

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2011

Part I: Summary

PHA Name:		Grant Type and Number Capital Fund Program Grant No. OK56P123501-9		Replacement Housing Factor Grant No:		FFY of Grant: 2009	
Housing Authority of Osage County		Date of CFFP: _____				FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
Signature of Executive Director Thelma Holt		Date 12/21/2009	Signature of Public Housing Director				

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Housing Authority of Osage County		Grant Type and Number Capital Fund Program Grant No: OK56P123501-9 Replacement Housing Factor Grant No:		CFPP (Yes/ No):		Federal FFY of Grant: 2009		Status of Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost			
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
OK123-1 CR <sup>2</sup>									
OK123-2 DT									
OK123-3 Osage <sup>2</sup>									
OK123-3Barnsdall									
OK123-4 Shidler									
OK123-5 Fairfax									
OK123-5 Hominy	Replace roof with Metal Roof 16 Bldg	1460 C-3	16 bldg.	147,264.93	147,264.93	147,264.93		contracted	
OK123-6 CR <sup>2</sup>									
OK123-6 Lynn									
OK123-6 Barnsdall									
OK123-6 Hominy	Replace roof with Metal Roof 16 Bldg	1460 C-3	16 bldg.	147,264.93	147,264.93	147,264.93		contracted	
PHA Wide	Operations	1406		81,520.14	81,520.14	4173			
PHA Wide	A&E Fees	1430 A-8		20,000	20,000	20,000		contracted	
PHA Wide	Advertising Fees	1410 A			300	300		contracted	
PHA Wide	Tile Shark & Tools	1475 A-3		5,000	5,000				
	Contingency			6,553	6,253				
PHA Wide									

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

[illegible]

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

PHA Name:  
Housing Authority of Osage County

[illegible]

form HUD-50075.1 (4/2008)

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

PHA Name: Housing Authority of Osage County	Federal FFY of Grant:
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form HUD-50075.1 (4/2008)



Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

Part I: Summary

PHA Name:	Grant Type and Number Capital Fund Program Grant No: OK56S123501-9	FFY of Grant: 2009 ARRA
Housing Authority of Osage County	Date of CFFP: _____	FFY of Grant Approval:
	Replacement Housing Factor Grant No:	

Type of Grant		Revised Annual Statement (revision no: )					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0	0	0	0		
3	1408 Management Improvements	0	0	0	0		
4	1410 Administration (may not exceed 10% of line 21)	0	0	0	0		
5	1411 Audit	0	0	0			
6	1415 Liquidated Damages	0					
7	1430 Fees and Costs	38,704	45,423.86	45,423.86		45,423.86	
8	1440 Site Acquisition	0					
9	1450 Site Improvement	0					
10	1460 Dwelling Structures	485,767	479,047.14	479,047.14		387,493	
11	1465.1 Dwelling Equipment—None expendable	0					
12	1470 Non-dwelling Structures	0	0				
13	1475 Non-dwelling Equipment	0	0				
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)	0	0				
20	Amount of Annual Grant: (sum of lines 2 – 19)	524,471	524,471	524,471	524,471	432,916.86	
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security – Soft Costs						
24	Amount of line 20 Related to Security – Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2011

<b>Part I: Summary</b>									
PHA Name:			Grant Type and Number Capital Fund Program Grant No. OK56S123501-9				FFY of Grant: 2009 ARRA		
Housing Authority of Osage County			Replacement Housing Factor Grant No:				FFY of Grant Approval:		
			Date of CFFP: _____						
Type of Grant		<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:						<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account		Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended	
Signature of Executive Director			Date		Signature of Public Housing Director			Date	
Thelma Holt			12/21/2009						

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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Expires 4/30/2011

Part II: Supporting Pages

Part II: Supporting Pages								
PHA Name: Housing Authority of Osage County		Grant Type and Number Capital Fund Program Grant No: OK56S123501-9 Replacement Housing Factor Grant No:		CFEP (Yes/ No):		Federal FY of Grant: 2009 ARRA		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
OK123-1 CR	Replace roof with Metal Roof 6 Bldg	1460 C-3	6 bldg.	71,087.70	70,104.42	70,104.42	70,104.42	done
OK123-2 DT								
OK123-3 Osage								
OK123-3Barnsdall								
OK123-4 Shidler								
OK123-5 Fairfax	Replace roof with Metal Roof 15 Bldg	1460 C-3	15 bldg.	177,719.70	175,261.20	175,261.20	175261.20	done
OK123-5 Hominy								
OK123-6 CR	Replace roof with Metal Roof 15 Bldg	1460 C-3	15 bldg.	177,719.70	175,261.20	175,261.20	142127.38	on going
OK123-6 Lynn								
OK123-6 Barnsdall	Replace roof with Metal Roof 5 Bldg	1460 C-3	5 bldg.	59,239.90	58,420.32	58,420.32		on going
OK123-6 Hominy								
PHA Wide	A&E Fees	1430 A-8		38704	45,423.86	45,423.86	45,423.86	done
PHA Wide								

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

[illegible]

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

PHA Name:  
Housing Authority of Osage County

### Reasons for Revised Target Dates

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

PHA Name:  
Housing Authority of Osage County

Federal FY of Grant:

### Reasons for Revised Target Dates

[illegible]

<sup>1</sup> Obligation and expenditure ended dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

**Part I: Summary**

PHA Name: Housing Authority of Osage County		Grant Type and Number Capital Fund Program Grant No: OK56P123501-7 Date of CFFP: _____		Replacement Housing Factor Grant No: _____		FFY of Grant: 2007	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		FFY of Grant Approval: _____			
Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	10,000	35,341		35,341	35,341	
3	1408 Management Improvements	10,000	0		0	0	
4	1410 Administration (may not exceed 10% of line 21)	25,000	300		300	300.	
5	1411 Audit	500	0		0	0	
6	1415 Liquidated Damages	0	0		0	0	
7	1430 Fees and Costs	28,008	27,250		27,250	27,250	
8	1440 Site Acquisition	0	0		0	0	
9	1450 Site Improvement	18,728	18,700		18,700	18,700	
10	1460 Dwelling Structures	247,342	301,737		301,737	301,737	
11	1465.1 Dwelling Equipment—Nonexpendable	35,650	0		0		
12	1470 Non-dwelling Structures	0					
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)	8,100	0		0	0	
20	Amount of Annual Grant (sum of lines 2 – 19)	383,328	383,328		383,328	383,328	
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security – Soft Costs						
24	Amount of line 20 Related to Security – Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2011

<b>Part I: Summary</b>											
PHA Name: Housing Authority of Osage County				Grant Type and Number Capital Fund Program Grant No. OK56P123501-7 Date of CFFP: _____				Replacement Housing Factor Grant No:		FFY of Grant: 2007	
										FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Final Performance and Evaluation Report											
Performance and Evaluation Report for Period Ending:											
Line	Summary by Development Account			Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expend		
Signature of Executive Director											
Thelma Holt <i>Thelma Holt</i> 12/21/09 Signature of Public Housing Director											



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Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
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Part II: Supporting Pages

Part II: Supporting Pages			Federal FFY of Grant:					
PHA Name: Housing Authority of Osage County		Grant Type and Number Capital Fund Program Grant No: OK56P123501-7 Replacement Housing Factor Grant No:		CEFP (Yes/ No):		2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost	Status of Work	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
OK123-1 CR <sup>2</sup>	Return air grill for filters	1460 B-3	60	6,100	6,000	6,000		Complete
OK123-2 DT	Return air grill for filters	1460 B-3	25	2,200	2,500	2,500		Complete
OK123-3 Osage <sup>2</sup>	Return air grill for filters	1460 B-3	10	719.60	1,300	1,300		Complete
OK123-3Barnsdall	Return air grill for filters	1460 B-3	16	1,304.80	1,600	1,600		Complete
OK123-4 Shidler	Return air grill for filters/reconstruction	1460 B-3	26	2,072.80	9,500	9,500		Complete
OK123-5 Fairfax	Return air grill for filters	1460 B-3	30	2,584	3,000	3,000		Complete
OK123-5 Hominy	Return air grill for filters	1460 B-3	29	2,381	2,900	2,900		Complete
OK123-6 CR <sup>2</sup>	Return air grill for filters	1460 B-3	30	2,289	3,00	3,000		Complete
OK123-6 Lynn	Return air grill for filters	1460 B-3	14	1439.20	1400	1400		Complete
OK123-6 Barnsdall	Return air grill for filters	1460 B-3	10	1,068	1,000	1,000		Complete
OK123-6 Hominy	Return air grill for filters	1460 B-3	32	2,889.60	3,200	3,200		Complete
	tile unit/repair bathroom	1460 B-3	4	0	6,957	6,957		Complete
OK123-2 DT	Power Lift Repair	1450	1	18,728	18,700	18,700		Completed
OK123-3 Osage	Replace roof with Metal	1460 C-3	7	70,000	50,435	50,435		Completed
OK123-4 Shidler	Replace roof with Metal	1460 C-3	29	151,424	208,945	208,945		Completed
OK123-4 Shidler	Wind Turband	1460 C-3	29	870.00	0	0		Not doing
OK123-5 Fairfax	Stoves & Refrigerators	1465 B-3	30	18,134	0	0		Move Yr.
OK123-5 Hominy	Stoves & Refrigerators	1465 B-3	29	17,516	0	0		Move Yr.

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

PHA Name: Housing Authority of Osage County	Grant Type and Number Capital Fund Program Grant No: OK56P1235001-7 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

PHA Name:  
Housing Authority of Osage County

**Federal FY of Grant:**  
**2007**

### Reasons for Revised Target Dates

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
OK123001	09/30/2009	10/31/2008	09/30/2011	4/30/2009	
OK123002	09/30/2009	10/31/2008	09/30/2011	4/30/2009	
OK123003	09/30/2009	10/31/2008	09/30/2011	4/30/2009	
OK123004	09/30/2009	10/31/2008	09/30/2011	4/30/2009	
OK123005	09/30/2009	10/31/2008	09/30/2011	4/30/2009	
OK123006	09/30/2009	10/31/2008	09/30/2011	4/30/2009	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

## PHA Name:

**Federal FFY of Grant:**

[illegible]

<sup>1</sup> Obligation and expenditure ended dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

Part I: Summary

PHA Name:		Grant Type and Number Capital Fund Program Grant No: OK56P123501-8		Replacement Housing Factor Grant No:		FFY of Grant: 2008	
Housing Authority of Osage County		Date of CFFP:				FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report							
Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	45,000	45,000		45,000	45,000	
3	1408 Management Improvements	0	0				
4	1410 Administration (may not exceed 10% of line 21)	0	218		218	218	
5	1411 Audit	500	0		0	0	
6	1415 Liquidated Damages	0					
7	1430 Fees and Costs	28,008	28,950		28,950	28,950	
8	1440 Site Acquisition	0					
9	1450 Site Improvement	18,728	0		0	0	
10	1460 Dwelling Structures	278,353	329,905		329,905	329,905	
11	1465.1 Dwelling Equipment—Nonexpendable	0			0	0	
12	1470 Non-dwelling Structures	0	10,266		10,266	10,266	
13	1475 Non-dwelling Equipment	35,650	0		0		
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)	8,100	0				
20	Amount of Annual Grant: (sum of lines 2 – 19)	414,339	414,339		414,339	414,339	
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security – Soft Costs						
24	Amount of line 20 Related to Security – Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2011

Part I: Summary

PHA Name: Housing Authority of Osage County		Grant Type and Number Capital Fund Program Grant No: OK56P123501-8 Date of CFFP: _____		Replacement Housing Factor Grant No: _____		FFY of Grant: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Line Summary by Development Account		Original Date 12/21/09		Total Estimated Cost Revised <sup>1</sup> Total Actual Cost <sup>1</sup>	
Signature of Executive Director Thelma Holt		Signature of Public Housing Director		Obligated		Date Expend	

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Housing Authority of Osage County		Grant Type and Number Capital Fund Program Grant No: OK56P123501-8 Replacement Housing Factor Grant No: CFFP (Yes/ No):		Federal FFY of Grant: 2008		Status of Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original Revised <sup>1</sup>	Total Actual Cost Funds Obligated <sup>2</sup> Funds Expended <sup>2</sup>		
OK123-1 CR	Replace roof w/ metal W/turban	1460 C-3	15 bldg.	278,353	318,740	318,740	Complete
OK123-2 DT	Rehab unit Unit 68	1460 C-3		11,165	11,165	11,165	Complete
OK123-3 Osage							
OK123-3Barnsdall							
OK123-4 Shidler	Foundation Repair	1450 C-3	1	18,728	0	0	not doing
OK123-5 Fairfax							
OK123-5 Hominy							
OK123-6 CR							
OK123-6 Lynn							
OK123-6 Barnsdall							
OK123-6 Hominy	Administration	1410		300	218	218	Complete
PHA Wide	Operations	1406 A-3		45,000	45,000	45,000	Complete
PHA Wide	A&E Fees	1430 A-8		28,008	28,500	28,500	Complete
PHA Wide	Audit	1411 A2		500	0	0	not doing
PHA Wide	Copier/fax	1475 A-3		35,650	0	0	not doing
	Contingency			8,100	0	0	
PHA Wide	Repair Community Kitchen	1470-A-3		0	10,266	10,266	Complete

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

[illegible]

<sup>2</sup> To be completed for the Performance and Evaluation Report.



U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

PHA Name:  
Housing Authority of Osage County

**Federal FY of Grant:**  
**2008**

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates <sup>1</sup>		
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
OK123001	09/30/2010		09/30/2012		
OK123002	09/30/2010		09/30/2012		
OK123003	09/30/2010		09/30/2012		
OK123004	09/30/2010		09/30/2012		
OK123005	09/30/2010		09/30/2012		
OK123006	09/30/2010		09/30/2012		

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U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
**Expires 4/30/2011**

## PHA Name:

**Federal FY of Grant:**

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.